



FINAL | FIELDWORK VERIFICATION FORM

MULTIPLE SUPERVISORS AT ONE ORGANIZATION 2022 Fieldwork Requirements



Note: Please download this form and complete it on your computer's desktop rather than in your web browser. This form contains dropdown menus. If you prefer to print and manually fill out the form, please write your answers over the dropdowns.

Instructions: Please complete one form per organization, per fieldwork type.

Trainee Name: _____

BACB Account ID: _____ **Start Date:** _____ **End Date:** _____

Fieldwork Type (Select One): Supervised Fieldwork Concentrated Supervised Fieldwork

State Where Fieldwork Occurred: _____ Country Where Fieldwork Occurred: _____

Supervisors at the Organization

Supervisor Name: _____
BACB Account ID#: _____
Qualification: _____

Supervisor Name: _____
BACB Account ID#: _____
Qualification: _____

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BACB Account ID#: _____
Qualification: _____

Supervisor Name: _____
BACB Account ID#: _____
Qualification: _____

Supervisor Name: _____
BACB Account ID#: _____
Qualification: _____

Supervisor Name: _____
BACB Account ID#: _____
Qualification: _____

Fieldwork Hours

- A. Independent Hours (*supervisor not present*): _____
- B. Supervised Hours (*supervisor present*): _____

Total Fieldwork Hours _____
(add A & B):

Percent of Hours Supervised _____
(supervised/total):

This fieldwork included prorated hours for partial months.

Responsible Supervisor and Trainee Attestation

Supervisor Name: _____
BACB Account ID#: _____ Qualification: _____

By signing below, we hereby attest that:

- ▶ Information presented on this Final Fieldwork Verification Form and the corresponding Monthly Fieldwork Verification Forms is true and correct to the best of my knowledge.
- ▶ The trainee completed the fieldwork in compliance with all relevant **Fieldwork Requirements** ([BCBA/BCaBA](#)) including, but not limited to; the minimum number of contacts per month, required amounts of unrestricted activities, required observations each month with clients, and adherence to the BACB's [ethics requirements](#).
- ▶ All supervisors, including the responsible supervisor, met BACB supervision requirements during these experience hours.
- ▶ I am the responsible supervisor designated in the signed supervision contract with this trainee.

Supervisor Signature: _____ **Date:** _____

This document must be signed in accordance with the [Acceptable Signatures Policy](#).

SUPERVISOR AND TRAINEE MUST EACH RETAIN A COPY OF THIS FORM FOR AT LEAST 7 YEARS.